

# Children Missing in Education (CME) Policy

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Hatfield Wick Education  
Controlled Document – Version 1.0, September 2025

## Document Control

**Policy Owner:** Designated Safeguarding Lead (DSL)

**Approved by:** Leadership Team

**Review Cycle:** Annual (or sooner if legislation changes)

**Next Review Date:** September 2026

**Related Policies:** Safeguarding & Child Protection Policy, Attendance Policy, Behaviour Policy, Online Safety Policy, Whistleblowing Policy.

## 1. Policy Statement

Hatfield Wick Education recognises that children missing education (CME) are at significant risk of harm, underachievement, exploitation, and social exclusion. CME can be both a symptom of underlying safeguarding concerns and a cause of further vulnerability.

In line with our CARES framework (Compassion, Autonomy, Respect, Empathy, Support), we adopt a proactive, trauma-informed, and preventative approach to ensure all children remain engaged in education. We will act swiftly where any child is at risk of becoming CME, working in close partnership with Suffolk County Council, Essex County Council, and other Local Authorities.

Our commitment is to:

- Identify children at risk of missing education at the earliest opportunity.
- Intervene quickly and effectively to safeguard and re-engage.
- Report concerns to the Local Authority within statutory timeframes.
- Support families and children to overcome barriers to attendance and re-integration.

Hatfield Wick Education will not remove a pupil from roll in order to improve attendance data or performance measures. Any removal will be lawful, transparent, and child centered.

## 2. Legal and Statutory Framework

This policy is underpinned by the following legislation and statutory guidance:

- Education Act 1996, Section 436A – duty on Local Authorities to identify children not receiving suitable education.
- Education (Pupil Registration) (England) Regulations 2006 (as amended 2016).
- Children Act 1989 & 2004 – safeguarding duty to promote welfare.
- Keeping Children Safe in Education (KCSIE) – CME is a safeguarding issue.
- Working Together to Safeguard Children (2023).
- Suffolk County Council CME procedures – first day calling, 10-day reporting rule.
- Alternative Education Rolling Select List contract requirements (CD1397).

### 3. Definitions

**Child Missing Education (CME):** A child of compulsory school age who is not registered at a school and not receiving suitable education otherwise.

**Persistent Absence:** Absence of 10% or more over an academic year.

**Unexplained Absence:** Any absence where no reason has been provided by the parent/carer.

**Hidden CME:** Children not formally deregistered (e.g., 'off-rolled' without lawful process, families moving suddenly).

Examples of CME scenarios include:

- Non-attendance for 10+ school days without valid explanation.
- A student not returning after exclusion.
- Families relocating without providing a new school placement.
- Children withdrawn for elective home education without registration or assessment of suitability.

### 4. Roles and Responsibilities

Proprietor / Governance:

- Ensure compliance with statutory duties.
- Scrutinise termly CME reports and safeguarding data.
- Challenge and hold leaders accountable for CME practice.

Designated Safeguarding Lead (DSL):

- Overall strategic lead for CME.
- Ensure statutory referrals to Local Authorities within required timescales.
- Maintain oversight of CME risk assessments and case management.
- Report CME trends to Governors.

Deputy DSLs:

- Support DSL in CME procedures and deputise where required.

#### Attendance Officer:

- Monitor registers twice daily.
- Conduct first day calling.
- Escalate unexplained absences to DSL within 24 hours.

#### All Staff:

- Remain vigilant for CME indicators.
- Report immediately to DSL any concerns about absence, withdrawal, or child whereabouts.

## 5. CME Procedures

### Step 1: Daily Attendance Monitoring

- Registers taken twice daily (AM/PM).
- First Day Calling: Parents/carers contacted for all unexplained absences.
- If contact not established, escalation to DSL by end of day.

### Step 2: 48-Hour Escalation

- DSL/DDSL to consider home visit or contact with other professionals.
- Attendance recorded and safeguarding log updated.

### Step 3: 5-Day Absence

- CME Risk Assessment completed.
- Multi-agency checks (GP, Social Care, Police if appropriate).
- Family contacted by letter and/or home visit.

### Step 4: 10-Day Absence

- Statutory referral made to Suffolk CME Officer.
- Case escalated to Children's Social Care if safeguarding risks identified.
- LA Inclusion Service consulted on next steps.

### Step 5: Removal from Roll

- Only lawful where conditions of the Education (Pupil Registration) Regulations are met. Removal from roll will comply fully with Regulation 8 of the Education (Pupil Registration) (England) Regulations and statutory notification duties to the Local Authority.
- DSL to notify Local Authority immediately of removal.

- Evidence of new provision required.

Where parents request Elective Home Education, safeguarding checks will be completed and the Local Authority notified in accordance with statutory requirements.

## **6. Safeguarding Response**

CME is treated as a safeguarding concern. Our response includes:

- Immediate referral to MASH/Children's Social Care where there are risks of:
  - Child sexual exploitation (CSE).
  - Child criminal exploitation (CCE).
  - Radicalisation / Prevent duty.
  - Trafficking or forced marriage.
  - Neglect or parental disengagement.
- Recording all incidents on CPOMS (or secure alternative). Information may be shared without consent where required to safeguard a child or comply with statutory duties.
- Attending multi-agency strategy meetings when convened.

## **7. Partnership Working**

We work closely with:

- Suffolk CME Team and Inclusion Service.
- Local Authority Designated Officer (LADO).
- Police Missing Persons Unit.
- Virtual School for looked-after children.
- Social Care, Health, SEND and Early Help services.
- Parents/carers to support re-integration plans.

## **8. Training and Awareness**

- CME is included in all staff safeguarding induction.
- Annual refresher training includes CME scenarios.
- DSL attends Suffolk Safeguarding Partnership CME updates.
- Agency staff are briefed on CME procedures before starting work.

## **9. Monitoring and Reporting**

- Attendance and CME data analysed weekly by DSL.
- Patterns reported termly to Governors and Suffolk County Council.

- Annual Safeguarding Self-Assessment (Section 11) submitted to SCC.
- Audit trail maintained for all CME referrals.

## **10. Equality, Diversity and Inclusion**

We recognise that children with SEND, those from minority ethnic groups, traveller families, asylum-seeking/refugee families, and looked after children are at increased risk of CME. All interventions are tailored to individual need and in line with the Equality Act 2010. Where a child with SEND is at risk of becoming CME, the graduated approach (Assess, Plan, Do, Review) will inform intervention planning.

## **11. Review**

This policy will be reviewed annually by the DSL and Proprietor, or sooner where statutory or local guidance changes.

### **Contact Details**

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## **Appendix A – CME Escalation Flowchart**

Day 1 – Unexplained absence → First day calling.

Day 2 – Escalation to DSL, risk assessment initiated.

Day 5 – CME risk assessment completed; consider home visit and multi-agency checks.

Day 10 – Referral to Local Authority CME Officer.

Day 20 – Removal from roll only if lawful, LA notified immediately.

## **Appendix B – Local Authority Referral Contacts (Suffolk)**

- CME Officer: [Insert details]

- Inclusion Service: [inclusionservice@suffolk.gov.uk](mailto:inclusionservice@suffolk.gov.uk)

- MASH (Safeguarding Referrals): 0345 606 1499
- Police (non-emergency): 101